

Should we triage HPV-positive women with VIA in LMICs?

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No Disclosures



Background

- **Issue:**

- HPV superior sensitivity for high-grade dysplasia
- Recommended for screening in LMIC's
- Visual inspection with acetic acid (VIA) is used to triage, but has limitations



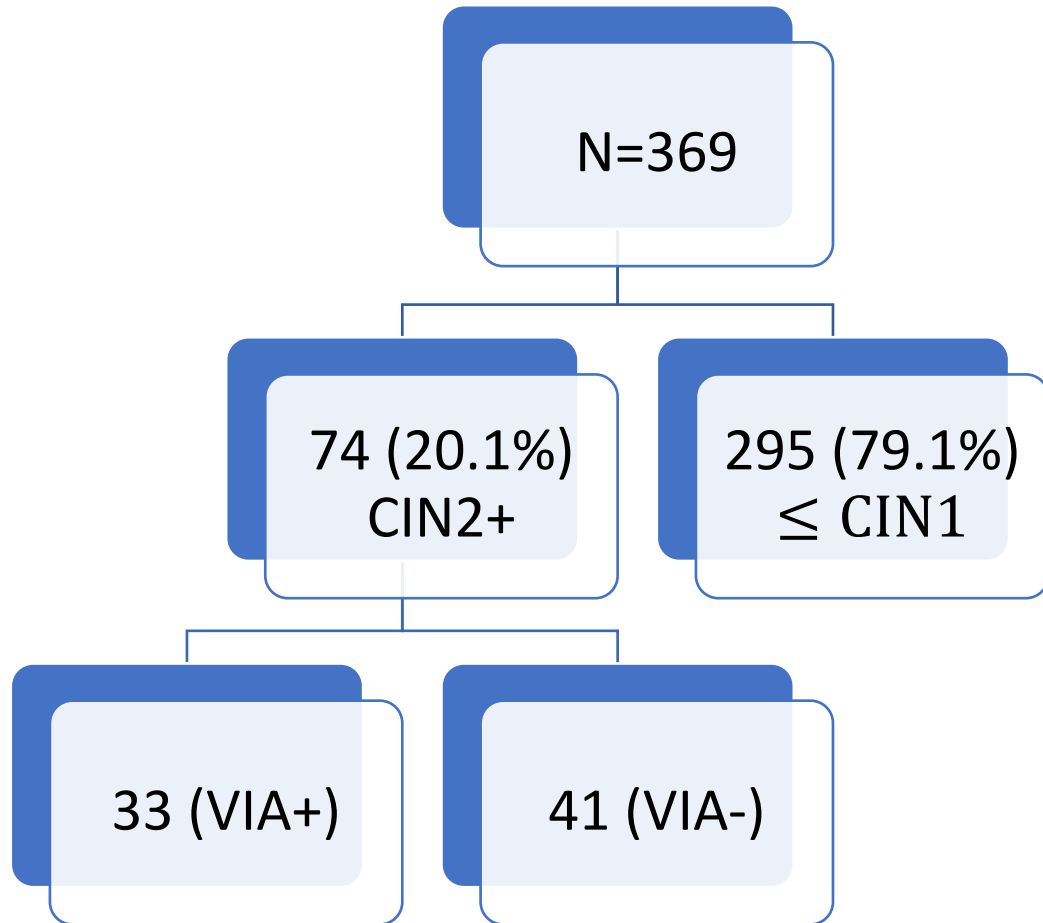
- **Aim:** Determine the positive predictive value (PPV) of VIA for CIN2+ among HIV-positive women in LMICs?

Methods

- Clinical trial in Kenya
- HIV+ women, age 25-65 years, HPV-positive (careHPV)
- VIA, colposcopy-directed biopsy, and same-day treatment
- Determined PPV of VIA for CIN2+ based on histopathology



Results



Demographic Characteristics

- Mean age: 40.2 years
- Median CD4 count: 420 (IQR 359)
- 94.5% HIV viral suppression

Positive Predictive Value:

- CIN2+: 44.6% (95% CI 33.0-56.6)
- CIN3+: 45.0% (95% CI 32.1-58.4)

Conclusion

Age Group (yrs)	Positive Predictive Value for CIN2+
Overall	44.6 % (95% CI 33.0 – 56.6)
30 – 39	72.7 % (95% CI 54.5-86.7)
40 – 49	24.2 % (95% CI 11.1 - 42.3)
> 50	3.0 % (95% CI 0.1 – 15.8)

- VIA has low PPV for CIN2+ among HIV+/HPV+ women
- PPV highest age 30-39 years
- Result in missed opportunities for treating CIN2+ if used to triage HPV+ women
- Highlights need for more objective, resource appropriate triage tests in LMICs